# Expanding or Postponing? Patterns of Negotiation in Multi-Party Interactions in Social Work

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**Abstract**

In this paper, we examine patterns of negotiation in multi-party decision making in social work. We draw on Strauss’ theory of negotiated order and a discourse analytical approach, seeking to gain insight into the complex accomplishment of making a decision in an inter-professional and multiparty setting. Working with data from 97 team meetings in a social work setting, we identify two patterns of negotiation in talk; expanding and postponing. ‘Expanding’ covers a group of interactional actions involving turn-taking and closure, while ‘postponing’ includes a group of actions whereby assessments or topics are avoided or made irrelevant. Both are examples of the complex ways in which team members negotiate both the institutional order and the decision to be made in the specific case in situ.

**Keywords:** negotiation order; decision making; multi-party interaction; meeting talk; social work; expanding; postponing.

**1. Introduction**

Recent decades have seen more inter-professional decision making (DM) in social work and health care, as this is thought to provide a fuller picture of the client or patient and thus result in more adequate decisions and action plans (Paradis and Reeves, 2013). At the same time, a tendency to value team work in DM has emerged in organisational work more generally. While far from all decisions are made in teams, those that are deemed important to the organisation are often referred to a specific group of people who are supposed to be better equipped to make decisions in client cases, either in terms of skills, authority or personality (Halvorsen, 2010; Halvorsen and Sarangi, 2015). One example of these organisational tendencies in DM is the introduction of inter-professional rehabilitation teams in Danish employment services. These teams have been introduced as part of extensive reforms of the active labour market policies that seek to limit the number of people who rely on public benefits, especially disability pension (authors own). Assessing the cases of unemployed clients with complex social problems, the inter-professional teams decide on recommendations that can help clients into work. However, as previous research has shown, inter-professional and multiparty DM is no simple task (e.g. Hirvonen, 2013; Kangasharju, 2002; Nguyen, 2011).

DM is a highly complex undertaking, in which participants have to take the aims and values of the organisation into account while solving the concrete tasks and challenges at hand. In this paper, we examine how inter-professional teams negotiate decisions in specific cases while also negotiating the broader institutional order of their work. Departing from Strauss’s concept of negotiated order, we connect the micro-practices of specific meetings with the institutional framework of the meetings as organisational activities. In this paper, we examine the various negotiation resources that are utilized in team DM, and how these resources are tied into the negotiated order of meetings. Our aim is to provide an empirical contribution to the understanding of inter-professional negotiations, and how teams’ DM are institutionally embedded, organized and handled through interaction.

**1.2 The negotiated order of decision making in rehabilitation teams**

Strauss’s concept of negotiated order called attention to the ways in which members of an organisation negotiate meaning and the practical enactment of the formal guidelines and rules of the organisation. It is through continued negotiation that members effectively (re)produce the negotiated order of organisational activity (Strauss, 1978; Fine, 1984). Adopting this perspective, we see the DM of the rehabilitation teams as on-going negotiated activities enacted in situ by the participants, yet highly influenced by the institutional context. Negotiation is not just a matter of reaching agreement between differing professional perspectives on the case at hand; it is also a matter of fulfilling and giving shape to institutional goals.

The duality of institutional talk and negotiation as being both relatively stable and structured on the one hand, and immediate and locally performed on the other, and how to handle this duality analytically, has been widely debated within the literature on (institutional) communication (e.g. van Dijk 2008; Mäkitalo & Säljö 2002; Schegloff 1997). In this paper we understand the relation between social and institutional contexts and in situ talk and DM, as a dialogical and co-constitutive one. In Strauss’ conceptualization the social order is a negotiated one, achieved and maintained by people working together to do so. Context and structure are thus practical accomplishments *internal* to the negotiations of rehabilitation teams, not external constraints surrounding talk (Schegloff 1997:184). Furthermore, we see participants’ contextualization of talk as the basis for ‘conversational inference’ (Gumperz 1999:461), in that the wider institutional practices and norms inform the way, a listener ‘guesses’ a speaker’s intent and meaning. This goes for the analytical process as well, where insight into the given context is necessary to adequately understand, what is being accomplished in talk (Sarangi & Roberts 1999:391).

At the meetings analysed in this paper, features providing organisational framework include timeframes, specified meeting-processes and appointed roles such as chairmen and note-takers. The rehabilitation team meetings are held at the Jobcentre with clients with severely limited or no work ability. Participants are specified in the legislation; teams must include representatives from the municipal employment, social and health services, as well as a representative from the regional clinic for social medicine. In addition, a legislative framework provides a set of possible outcomes. The meetings of the rehabilitation team are structured, making up part of the negotiated order that the teams enact in the meeting (Strauss, 1978). However, organisational and formal structures only account for part of the work performed by members (Nathan and Mitroff 1991).

The introduction of the rehabilitation teams are based on the professional ideal of being able to make the ‘right’ decision to guide the intervention so that it solves the problem at hand. However, the complex nature of client cases and the high degree of uncertainty, that is often a premise for professional social work, make it almost impossible to point to one single solution as ‘the right one’. This is further complicated by the different professional perspectives on cases, as social workers, doctors and physiotherapists often see different things when looking at the same client.

According to Strauss, negotiations occur when actors find themselves in situations involving uncertainty or different understandings and when they create exceptions to existing routines or processes (Strauss, 1978). From an inter-professional perspective, negotiations and even explicit disagreements form points of reflexive potential, as this is where mono-professional assessments are challenged and may be expanded and exceeded. However, in situations where power relations between participants seem close to symmetrical and professionals need to uphold a working relationship, tensions are often expressed and worked out through subtle forms of conflict and negotiation rather than through overt pressure, manipulation and persuasion (Strauss’ alternatives to negotiation). To capture these subtle yet crucial aspects of professional DM, we focus on the interactional micro-practices of professionals to look closely at the detailed ways in which negotiations are enacted.

**1.3 Decision making as incremental interactional activities**

Drawing on the work of Drew and Heritage (1992), Boden (1994) and Sarangi and Roberts (1999) among others, we treat decisions in professional meetings as emerging from a range of different contexts and activities. Decisions are often hard to pin down to one moment or sequence of talk; they are incremental activities in which different participants pursue different agendas (Boden, 1994). This often happens in seemingly chaotic and unordered processes of negotiation that nevertheless produce shared assessment of action and commitment to a chosen path (Huisman, 2001).

Recent decades have seen a growing literature on interaction in workplace meetings (Svennevig, 2012a) and, as a smaller subgenre, team DM in the workplace (Halvorsen, 2010; Halvorsen and Sarangi, 2015). The literature on meeting interaction has examined how professional, institutional and discursive roles are enacted (e.g. Pomerantz and Denvir, 2007; Svennevig & Djordjilovi, 2015), illustrating the performative and negotiated character of team talk as an ongoing practical accomplishment. Looking at inter-professional meetings specifically, Griffiths (1997) demonstrates the interconnection between institutional and professional roles, showing how different ways of organizing team work have implications for the authority of different professions.

Other studies have approached meetings as a specific activity type that involves a certain organisation of talk in terms of turn-taking, topic-organisation and management of disagreement (e.g. Mondada, 2013; Svennevig, 2012b; Angouri, 2012). This strand of research brings attention to the ways in which discursive roles, such as chairs, moderators, etc., are significant in organizing talk and pursuing given agendas. Looking at inter-professional meetings specifically, Mehan (1983) illustrated the reflexive relationship between language and professional authority. Further, Mehan (1983) as well as Griffiths (1997, 2001) have shown how inter-professional negotiation and DM is not purely based on the challenged situation of the client, but on an interlacing of professional assessments of client needs and legal, fiscal and practical constraints of the organization (Mehan 1983: 192). A few studies have focused on the embeddedness of team meetings, illustrating how organisational, professional and societal processes frame problem solving and DM in meetings (Kwon et al., 2009; Angouri and Bargiela-Chiappini, 2011; Baraldi, 2013).

Despite a growing body of literature on meeting talk, few studies have focused on inter-professional DM specifically (Sarangi 2016; Halvorsen & Sarangi 2015). Based on existing literature we expect inter-professional team meetings to be negotiated accomplishments in which professionals must make their decisions professionally and contextually satisfying. They do so by negotiating a shared understanding of the case across professional and institutional contexts, casting the team as a coherent body distinct from the institutional context in which it is embedded. Simultaneously this coherent and shared professional understanding is itself a negotiated product reached across different professional backgrounds, posing the individual team members opposite each other. Teams thus have to negotiate both a shared professional understanding of the case at hand, as well as an institutionally legitimate decision and action plan. These are tightly interwoven and co-constitutive processes.

**2. Methodology and data**

The rehabilitation teams consist of 4-6 members with different professional backgrounds who meet with a client and his/her caseworker in order to recommend future support and social work efforts. Data consists of audio recordings of rehabilitation team meetings concerning 97 clients in three Danish municipalities. Data include pre- and post-meetings without the clients and timeouts during meetings. All clients have consented to their inclusion in the study, and all data have been handled according to national ethical guidelines. Meetings were transcribed ad verbatim. After the identification of analytical themes and patterns, selected parts of the material have been re-transcribed in greater detail.

NVivo software was used to code the full material for points of tension. Subsequently, Strauss’s approach allowed the identification of instances of negotiation in sequences where tension, give-and-take and conflicting interest occur. Negotiations are ongoing practices extending beyond concrete tension points, but the tension nevertheless provide empirical markers for negotiations, as competing interests and give-and-take are characteristics that can often only be identified interpretively on an empirical level . These points of tension become empirically visible through interactional markers of resistance (Juhila et al., 2013), overt disagreement and/or the articulation of differing views on the client’s condition or possible solutions.

**3. Findings**

A process of inductive coding and subsequent condensation led to the identification of *expanding* and *postponing* as two main patterns of negotiation. The analysis then moved on to a more detailed level to investigate the micro elements of these two types of negotiation.

‘Expanding’

‘Expanding’ occurs when professionals hold on to the issue of the negotiation and work to avoid the discussion being closed. This is done by pointing out disagreements, overruling invitations to close the sequence, offering additional information, asking additional questions, invoking the professional knowledge of one’s ‘own’ professional background, or questioning others’ knowledge.

‘Postponing’ can be identified in negotiations where decisions are delayed or avoided in one way or another, for instance by claiming that there is insufficient information at present, that the existing documentation is inadequate or irrelevant, that the discussion topic in question is not relevant, or by calling on organisational constraints to ‘fortify’ one’s own standpoint.

Expanding and postponing can be seen as negotiation resources. These resources are connected to different kinds of tension points and negotiations. In our data, they are not used as different resources to manage similar points of tension. Expanding is often used to challenge the other party’s understanding of the case and potentially to allow a more nuanced or more thoroughly analysed assessment to inform the decision. Postponing is used to avoid the decision altogether, thus postponing the underlying decision regarding the client’s future employment and requiring further action to determine this future.

In the following four empirical excerpts have been selected to illustrate the two resources. Excerpts have been chosen based on their exemplary qualities. That is, relative brevity and clarity and being understandable to the ‘outside’ reader. Further, excerpts have been selected to achieve some variation between and within the overall resources. The resources are not exclusive to each other, but may be used simultaneously by different participants. Below, however, we focus on the resources separately for reasons of exemplification and clarity.

The meetings were in Danish, but all excerpts below have been translated into English by the authors. A transcription key is provided in the appendix.

**3.1 Expanding**

The first example is from a rehabilitation meeting in municipality A. During a ten minute timeout, before they re-enter the room where the client and caseworker are waiting, the professionals are discussing their decision. The timeout includes the doctor (DOC), who is the regional health coordinator; the Jobcentre representative (JC), who is accompanied by a team leader from the Jobcentre; a physiotherapist from the municipal health service (HEA) and a social worker from the municipal social service. The central topic of the discussion is whether or not it is possible to develop the work ability of the client. In the context of the employment services, this is a deciding matter in DM, as eligibility for the available benefits hinges on the assessment hereof.

Prior to the excerpt below, it was proposed that the client should be referred to a resource-program in which inter-professional interventions would develop the client’s work ability. In the excerpt the Jobcentre representative challenges the proposed intervention by questioning whether the aim of giving the client a ‘sense of body’ is possible, given his medical situation. She does so, at first, by questioning the professional assessment of the doctor present.

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| --- | --- | --- |
| Excerpt (1) Expanding meeting A03 | | |
| 1  2  3  4  5  6 | JC | So whe- when you say the thing about a sense of your  body then I’m thinking well (0.7)  is that not correct?  that the nerves do not function specifically so that he  does not have the ability to (1.0) ah.  [feel for instance with hands. Hot’n cold n stuff like that] |
| 7  8  9 | DOC | [No I. I-. But that is why I say sclerosis that is]  this is within in the field of sclerosis where the  nerve pathways also |
| 10 | JC | Yes |
| 11  12  13  14  15 | DOC | >it is just right he:re (0,5) but what he has (0.7)  is placed higher peripherally you could say.  Ah in those cases you: make a virtue of having  physiotherapy (.) training with them  because you keep them active all the time |
| 16 | JC | ¨yes¨= |
| 17  18 | DOC | =so, if you just sort of place them on a chair,  then they be- will simply come to a state of decay |
| 19 | HEA | ¨yes¨ |
| 20 | DOC | and[that’s again the thing about] |
| 21 | JC | [But is it the same with him?]  [>It’s the same with him?<] |
| 22 | DOC | [I should think so=] |
| 23 | JC | =Can it be compared? |
| 24 | DOC | I should think so |
| 25  26  27 | HEA | You cannot know what that kind of knowledge  that physiotherapist (0.5) has (0.5)  or search for of knowledge regarding this |
| 28  29  30 | JC | ↓No- It was jus:t (0.5) if there was any <experience> with (.) if you for instance <increased> very much  if he had intens[i-] |
| 31 | HEA | [No] I don’t think he will get better. |

The client in question does not suffer from sclerosis, but from a similar disease with which none of the participants are familiar. One line of challenge thus regards the possible problem of equating the client’s condition with sclerosis. The relevance of the challenge is tied into the institutional need to be able to determine possibilities for development. Another related line of challenge thus regards the related question of whether there are realistic possibilities of development. Both challenges are expressed through expanding resources of repeated questioning while the doctor responds by drawing on her epistemic authority.

The Jobcentre representative challenges the proposed intervention by questioning whether the aim of giving the client a ‘sense of body’ is possible, given his medical situation. This questioning is rejected by the doctor in her responding turns (from line 7, 11 and 17). By responding with matter-of-fact explanations the doctor takes an epistemic stance of being ‘in the know’. The Jobcentre representative does not treat the explanation as new information (Heritage, 1984) though, and when the doctor initiates a new line of explanation (line 20), the Jobcentre representative interrupts her, repeating her previous question, indicating that she is not satisfied with the doctor’s answer (line 21). By resisting the advancement of the interaction to a new topic, the Jobcentre representative expands the discussion of the current topic. The doctors response (line 22) can be seen as a closure initiation (Schegloff and Sacks, 1973), since it directly answers the question in the previous turn and does so without providing alternatives or explanations that might invite further questioning or discussion. It can also be seen as an attempt to reject the negotiation initiated by the Jobcentre representative; in Strauss’s terms, there is no give-and-take. As the Jobcentre representative immediately repeats her question with a small reformulation, the doctor repeats her previous turn word for word, only more strongly, once again indicating that the question has been exhausted (line 24). The health representative aligns with the doctor in her subsequent turn, treating the topic as closed by returning to the earlier topic of physiotherapeutic intervention that was interrupted by the Jobcentre representative in turn 1. However, the Jobcentre representative continues to override the doctor’s and health representative’s initiated closings, effectively expanding the sequence (line 28-28). When the health representatives conclude that the client cannot be expected to get better (line 31), the, Jobcentre representative has produced a strong challenge to the earlier proposal regarding the resource-program. In this example, expanding is done through insistent questioning and resistance. The negotiation evolves around how to understand the client’s situation, being an inter-professional discussion within an institutional framework of relevant topics.

The following example shows how expanding can also take place in negotiations between professional and institutional perspectives, and how, at the interactional level, can be done in a single turn by introducing an alternative assessment. The second example is from municipality C. The team is discussing whether the case merits the recommendation of a disability pension or whether more documentation is needed. The topic of documentation is a crucial one, as legislation stipulates that a client is eligible for disability pension when “it is documented” that the client has no work ability.

Prior to the excerpt the Jobcentre representative/chair (JC) has proposed a vote. The doctor (DOC), the representative from health services (HEA) and the representative from social services (SOC) have all voted to obtain further documentation, thus delaying the client’s disability pension. The client’s case worker (CW) is also present but has not been given a vote. The caseworker provides the expanding resources in this example, but does by providing an institutional alternative, rather than challenging the professional assessment other participants. In turn 1 the social services representative explains her choice in reference to ‘some things’ that might be missing in the case:

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| --- | --- | --- |
| Excerpt (2) Expanding, meeting C30 | | |
| 1  2 | SOC | If there are some things and if ((DOC)) is thinking those things [then there will be] others as well that can |
| 3 | DOC | [I do. Definitely] |
| 4 | JC | Mm |
| 5 | SOC | And then it is perhaps a:l- better to be safe |
| 6  7  8  9  10  11  12 | CW | >Yes. But then there is also- you can also-  then we get to the next step then they might be sitting on the pensions board and say well then anyway right<.  <Then there is another model (0.5)  that you sumbit it now and then they might say- but-  send it back here have you noticed that there isn’t anyth- ff. de- description of the function of the heart. |
| 14 | CW | It was a possibility |
| 15  16 | SOC | Well sure, we can do that too then.  We can do that too. |
| 17  18 | JC | <But the client has to know>  that [that is the risk (0.5) that is there] |
| 19 | CW | [>Yesyes that I have that doubt yes yes<] |

The social services representative explains her reasoning by pointing out that if the doctor believes that ‘some things’ in the case files are unclear, then ‘others’ could think so too. The ‘others’ in this case, refers to the pension board, who has the formal authority to grant a disability pension, and are the only ‘others’ that would review the case. The doctor aligns with this statement in line 3, as does the Jobcentre representative in line 4 with a less explicit affirmative response. The discussion thus seems to be moving towards rejection of the case for a disability pension. The caseworker then takes the floor in a longer turn (lines 6-12), sketching out an alternative course of action which involves putting forward the case in its present state and leaving it to the board to ask for more documentation if they need it. Although there is no explicit mechanism of next-speaker-selection (Sacks et al., 1974) in the excerpt, the Jobcentre representative, who also functions as chair of the meeting, has been structuring the sequence so far by the participants voting one after another. It could beassumed that after all the other votes, it is her turn to vote and sum up the result. In the immediate context of the surrounding talk, the caseworker’s turn (6-12) becomes a ‘taking of the floor’ that serves to expand the sequence and open an alternative possibility for the decision to be made. The increased tempo of his turn and the ‘left push’ in line 6 indicate that he is doing work to hold on to his turn (Schegloff, 2005: 473).

The caseworker seems to balance his challenge to the team’s (preliminary) decision with an acceptance of their authority (line 14); by framing his previous turn as ‘a possibility’ and refraining from further argument, the caseworker manages to expand the discussion of possible decisions without overstepping his formal position as the presenting caseworker who is receiving directions from the team. The question of sufficient documentation is a recurrent theme in rehabilitation team meetings. The expansion above doesn’t challenge the professional assessment of the case, as this has been agreed upon prior to the excerpt, but pertains to the question of when something can be said to be documented. This involves the interplay of situated action and institutional structures, as it is directly connected to the decision of eligibility as stipulated in legislation, and yet it is a discretionary assessment made in concrete interaction between the professionals.

While the specific actions involved in this excerpt differ from the actions in Excerpt 1, the general function to expand an otherwise closing sequence is apparent in both. Questioning, repeating and offering alternatives keep the topic open, making room for negotiation. The negotiated order is visible as a framework for negotiations, both in the topics that are expanded and in the ways this is done. It depends on the institutional and professional context which questions are critical, who can be challenged and in what ways. The negotiated character of social order itself is also visible, in the team’s negotiations of crucial matters such as what constitutes ‘possibilities for development’ and a case being ‘documented’.

**3.2 Postponing**

As a negotiation resource, expanding mostly occurs in our data in the discussion of how to understand the case at hand and which solutions to suggest. Postponing as a resource is particularly evident in negotiations in which the key decision regarding benefit eligibility is avoided. This is done in different ways, as illustrated in the following two examples.

The third example is from a rehabilitation team meeting in a municipality B, after the client and her caseworker have left the room. The team is discussing whether or not to recommend disability pension. Once again the topic of discussion regards the question of documentation, in this case, in terms of a work ability test. Again, the negotiation regards professional assessment on the one hand and institutional requirements on the other. However, the negotiation resource is different, in that the discussion is postponed rather than expanded. Present are the Jobcentre representative (JC), the doctor (DOC), a representative from the municipal health services and a social worker from municipal social services.

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| --- | --- | --- |
| Excerpt (3) Postponing, meeting B02 | | |
| 1  2  3  4  5  6  7 | JC: | […] I sort of feel like (.) and I get annoyed  that there hasn’t been an attempt at a work ability test  because we are kind of left in this situation (0.5)  where it becomes really difficult to recommend her for a disability pension (0.7) because if nothing else (.)  there should have been an attempt and then it should have become apparent that she was not able to participate |
| 8  9 | DOC: | But you know (.) she is too sick to participate in anything whatsoever (.) you cannot force her into anything |
| 10  11 | JC: | No no but then the case just shouldn’t have been submitted yet and it has been |
| 12  13 | DOC: | I do not think you can defend and say that she should have had a work ability test |
| 14  15  16  17  18 | JC: | No no but time and again we do these work ability tests where we initiate them knowing that that the citizen is unable to participate but then there is actually (.)  then there will be a description of it and I think this is (.) it is so weak |

The professionals have explicitly agreed that the client cannot return to work, so the discussion here is less about the work ability of the client than about fulfilling the institutional task of the team, which is to recommend the ‘right’ benefit. The Jobcentre representative expresses frustration (line 1-6), saying that it becomes ‘really difficult’ to recommend the case for disability pension when the documentation is inadequate. This alludes to the institutional demand that ‘documentation’ of a (failed) job training should be available. In lines 8-9, the doctor resists this assessment, arguing that the missing job training is irrelevant, given the condition of the client.

The Jobcentre representative targets the institutional process, claiming that the case should not have been presented to the rehabilitation team yet (line 10). The discussion is essentially moving on two tracks, with the doctor arguing on the basis of a professional assessment of the client’s situation and with the Jobcentre representative drawing on a bureaucratic assessment of the condition of the client’s case file. Each participant frames the other’s claims as factually ‘true’ but irrelevant. In line 14-18, the Jobcentre representative responds to the doctor’s moral argument (line 12) while balancing the her commitment to the institutional demand for documentation. She ends her turn by returning to her prior criticism of the casework, diverting blame away from both the doctor’s assessment and the institutional demands. The argument that the client is too weak to participate in job training or that it is morally questionable is evaded without an explicit discussion of whether or not she agrees.

The example illustrates how participants negotiate both the immediate context of the case at hand and the broader institutional demands regarding the decisions made and the clients as a group. By shifting the line of negotiation from the specific case to the parameters of DM more generally, the team members are essentially negotiating the DM order of the institution, directly (re)producing the organisational, legislative and social framework through their talk.

Though the question of documentation and eligibility is similar to the one raised in Excerpt 2, the negotiation resource is different.The caseworker in the previous example contributes to the discussion by offering an alternative to the possible decision on which the interaction is closing in. The participants in the current example, however, both evade the key question. This is further illustrated in the last example, taken from a rehabilitation team meeting in municipality A.

In the fourth example discussion evolves around the topic of development of work ability, in this case in terms of possibilities for education. Where the above example illustrated the tension between a professional or an institutional perspective, this example concerns different professional perspectives of how to proceed in the case. The client is present in this excerpt, which in our data is a rare setting for inter-professional discussion and tension. Besides the client and her caseworker (CW), the team members present are a doctor, a representative from the Jobcentre (JC) social- and health services respectively, and a team leader from the Jobcentre. The team members have been taking turns asking the client and caseworker questions, and in the first turn, the Jobcentre representative asks the caseworker about ‘opportunities for development’.

|  |  |  |
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| Excerpt (4) Postponing, meeting A02 | | |
| 1  2 | JC | Have you discussed opportunities for development  within the flexible employment-framework? |
| 3 | CW | And what are you thinking regarding that? |
| 4  5  6  7 | JC | Well, it is described several places  that that there are some skills you’re missing  so therefore you can’t apply for this  [and that flexjob] |
| 8  9 | CW | [What skills ] are you thinking of?  >We do have<, >we do have< - |
| 10  11  12  13 | JC | >Now you have<, >now it has<.  Now it says something about office and administration and things like that (0.7)  [is it] that (0.5) those skills [are: ] |
| 14 | CW | [Ooh ] [>yesyes<] |
| 15 | JC | not ones [((client)) has-] |
| 16  17  18  19  20  21  22  23  24 | CW | [I don’t think ]  we should start thinking about ((client)) and.  And education.  Ah because she’s exactly so impaired that ah she (.) you know, can’t do very much.  Ahm and that job that could maybe comply with that. That little bit- there isn’t very much (.)  it can’t be found.  We have to give that up. |

The question in line 1-2 is formulated as a neutral and non-delicate matter, but it may imply a critique in this context. The development of work ability within the flexible employment framework is a core task of the caseworker and a necessary step to move the case forward. Thus, the question carries a strong preference for an affirmative answer. The caseworker’s response (line 3) signals some resistance; instead of treating the previous turn as a simple yes/no-question, he asks for elaboration. The caseworker then interrupts Jobcentre representatives turn in which she has addressed the client (line 4-7). Doing so, he takes on the agency of being the recipient of the inquiry and resists it by continuing to ask for elaboration (line 8). From line 10, the Jobcentre representative again elaborates her question, clarifying that the client lacks certain skills. As Huisman (2001: 81) has pointed out, expressions of states of affairs in DM interaction are not neutral statements. Statements are related to arguments regarding possible outcomes, and the caseworker in the above example treats the statement as a suggestion that the client’s skills could or should be improved. The caseworker first expresses a newfound understanding of the question (line 14, Heritage, 1984) and then goes on to interrupt the speaker, rejecting the relevance of her line of argument and stating that ‘we’ – now including the team members – should not consider developing the client’s work ability through education (line 16-24). By treating the initial question (and its implicit suggestion for action) as incomprehensible and then redundant, he also rejects the implied solution.

The example is similar to the first example in that it concerns the topic of possibilities for development, and is explicated in terms of different professional assessments. The mechanism of postponing, however, means that rather than expanding the discussion, the topic is treated as irrelevant and pushed aside.

While postponing is achieved through different interactional actions, it has the overall effect of deflecting key decisions and discussions from the current line of talk. Claims of irrelevance, inadequacy or inappropriateness push the topic at hand aside for now or for good. In our data, this often shifts the negotiation to institutional demands or concerns rather than the specific problems of the client. The negotiated order is readily visible where postponing is utilized as a resource, since claims of relevance and adequacy tie directly into the institutional tasks and standards that frame the team meetings.

1. **Conclusion**

Team DM occurs in situated interaction, drawing upon and executing the negotiated order of the institution by negotiating both the concrete decision to be made and the wider meaning of the specific institutional task. Expanding involves holding on to the issue of the negotiation. This is accomplished through acts such as overruling closure initiations, offering additional information or solutions and asking additional questions. Expanding often works to engage participants in more thorough inter-professional discussions.

Postponing actions are used to discuss the very premises of negotiation. As such they open up negotiation about the nature of negotiation (Fine, 1984: 251). This is especially visible when there is but concerns about institutional standards, which necessitate negotiation about adherence to either professional or institutional standards. In many, but not all, instances postponing resources works to overrule the professional assessments of the case.

The key difference between the two negotiation resources lies in the ‘direction’ of these, the topics in relation to which they are used, and the part of the negotiation context drawn into the negotiation. Negotiation resources form patterns of the negotiation of meaning between speakers in working teams, and they are given substance in the interaction by a sorting of potential meanings shaped by both the specific case at hand and the contexts negotiated. A central feature of both studies of institutional interaction and the negotiated order perspective is the actors’ continuing adjustment and production of social order through their specific situated interaction. The combination of the two approaches sensitizes us to the ways in which institutional interaction is actually situated institutionally and how it simultaneously shapes the institutional order of the immediate context. As such our findings concur with those of Wasson (2016), arguing that analytical focus must integrate a consideration of both process and content.

By applying Strauss’ concept of negotiated order as a frame work to the detailed analysis of naturally occurring data from team meetings, we move a step closer to understanding how participants negotiate opposing views in multiparty workplace settings and how negotiations of DM are structured both interactionally and institutionally in mutually influencing ways. The detailed analysis shows that participants do not just reproduce the negotiated order; they are actively negotiat*ing* order and sometimes even negotiating several different or competing professional, institutional and broader moral orders at once.

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**6. References**

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**Appendix A: The Jefferson Transcription System**

(.)  A full stop inside brackets denotes a micro pause, a notable pause but of no significant length.

(0.2) A number inside brackets denotes a timed pause. This is a pause long enough to time and subsequently show in transcription.

[ Square brackets denote a point where overlapping speech occurs].

> < Arrows surrounding talk like these show that the pace of the speech has quickened

< >  Arrows in this direction show that the pace of the speech has slowed down

(  ) Where there is space between brackets denotes that the words spoken here were too unclear to transcribe

((  )) Where double brackets appear with a description inserted denotes some contextual information where no symbol of representation was available.

\*Under When a word or part of a word is underlines it denotes a raise in volume or emphasis

↑ When an upward arrow appears it means there is a rise in intonation

↓ When a downward arrow appears it means there is a drop in intonation

=  The equal sign represents latched speech, a continuation of talk

:: Colons appear to represent elongated speech, a stretched sound